

#RFBREAKTHROUGH/

Building Public Health's Defense Against Disinformation

The Covid-19 pandemic has proven that access to accurate, timely and actionable information is a matter of life and death. Mis- and disinformation has blocked too many people's opportunity to get vaccinated, as well as public health's ability to reach them. But what really *is* this disinformation threat? What questions still need answering before we can truly combat it?

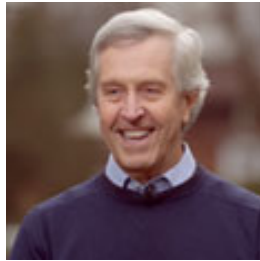
In our next #RFBreathrough moderated by Bruce Gellin, MD, MPH, Chief of Global Public Health Strategy at The Rockefeller Foundation, we will hear from Dr. Vivek H. Murthy, US Surgeon General; Anna Harvey, Ph.D., President of the Social Science Research Council; Claire Wardle, Ph.D., Founder of First Draft; and Sergio Cecchini, Infodemic Management Officer, WHO Regional Office for Africa. They will discuss:

- the cost of mis- and disinformation on public health,
- its uneven impact on vulnerable populations worldwide, and
- new, emerging resources for a better and healthier information environment, including social science research generated by The Mercury Project and a new request for public participation on the topic from the Office of the Surgeon General.

The session will be broadcast on February 14th at 12:30pm ET live across The Rockefeller Foundation's social media pages ([Twitter](#), [Facebook](#), [LinkedIn](#) and [YouTube](#)). Audience members on these channels will be invited to submit questions up to a week in advance.

The Rockefeller Foundation's Panel of Experts:

Moderator:



Dr. Bruce Gellin

Chief of Global Public Health Strategy, Health Initiative, The Rockefeller Foundation

Panelists:



Dr. Vivek H. Murthy

U.S. Surgeon General



Anna Harvey

Ph.D., President, Social Science Research Council



Claire Wardle

Ph.D., Founder, First Draft



Sergio Cecchini

Infodemic Management Officer, WHO Regional Office for Africa

RF BREAKTHROUGH
A ROCKEFELLER FOUNDATION LIVESTREAM SERIES

Building Public Health's Defense Against Disinformation

WATCH THE REPLAY →

MODERATED BY
DR. BRUCE GELLIN
Chief of Global Public Health Strategy, Health Initiative, The Rockefeller Foundation

PANELIST
DR. VIVEK H. MURTHY
U.S. Surgeon General

PANELIST
ANNA HARVEY
President, Social Science Research Council

PANELIST
CLAIRE WARDLE
Ph.D., Founder, First Draft

PANELIST
SERGIO CECCHINI
Infodemic Management Officer, WHO Regional Office for Africa

#RFBREAKTHROUGH | THE ROCKEFELLER FOUNDATION

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AUDIO TRANSCRIPTIONS

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JOSEPH R. BIDEN, JR., ET AL.

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12 (Due to the quality of the recorded media, portions
13 were unable to be transcribed and include inaudible
14 portions. The transcript may also include
15 misinterpreted words and/or unidentified speakers.
16 The transcriber was not present at the time of the
17 recording; therefore, this transcript should not be
18 considered verbatim.)

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23 TRANSCRIBED BY: MELISSA LANE

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1 (7:50-11:09) -

2 [https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0yklFWl9c85_OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ\\$](https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0yklFWl9c85_OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ$)
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4
5 (Feb. 2022).

6 VIVEK MURTHY: I issued a surgeon general's
7 advisory on health misinformation back in July of 2021
8 is because we were seeing just the increasing impact
9 of health misinformation of people's decisions when it
10 came to COVID-19, particularly around whether or not
11 to get vaccinated but also as to whether or not even
12 to take COVID seriously. We knew -- know that there's
13 a lot of misinformation that continues to float around
14 about the vaccines and about COVID more broadly, but
15 what we've seen is, that's coming at a real cost and a
16 cost that's we can measure in terms of lives lost and
17 harms done to people's health.

18 Now, all of -- those who are out there know
19 that health misinformation is not new. It didn't
20 start with COVID-19. As doctors have seen
21 misinformation spreading for years and have had to
22 spend many, many hours with patients over the years
23 talking about what's true and what's not true, often
24 based on information they encountered online, but what
25 is different now and what feels different in this

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1 moment compared to ten years ago or 20 years ago is
2 this speed scale and sophistication with which this
3 misinformation is spreading and much of it has been
4 enabled, in fact, by technology platforms, and we talk
5 to people about where they're encountering
6 misinformation. It's off and on social media channels
7 and other tech platforms. It doesn't mean that
8 platforms are intentionally trying to spread
9 misinformation, but they are creating a mechanism for
10 this information to spread without really much of a
11 check on whether it's accurate or not, harmful or not.

12 So the reason I issued this advisory was
13 to, one, call attention to this profound challenge
14 that we are facing but also to call for a broad all of
15 society response. We need certainly technology
16 companies to step up and do more, to help reduce this
17 spread of misinformation, and to be transparent with
18 the public about how much misinformation is being
19 transacted on their sites and whether their methods of
20 addressing it are working or not. We do not have
21 enough transparency on that front and that is
22 hindering us in our response of misinformation, but
23 there are also steps that others can take. We need to
24 take nurses and doctors and others in the healthcare
25 professions with credible voices to use those voices

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1 to speak up and -- and share accurate information with
2 the public. We certainly need from educators in the
3 education committee more efforts to promote and
4 support digital health literacy in our country, and
5 we, as individuals, have a role that we can play, too.

6 We can choose to be mindful of what we share online,
7 and if we're not sure if the information is coming
8 from a credible source, we can choose not to share.

9 So we are raising our bar, our standard, if
10 you will, on what we choose to share, and this is so
11 important because we know that misinformation can
12 often be hard to -- to, you know, to identify things
13 can look actually quite accurate, but it turns out
14 sometimes they may not be. And, of course, there's a
15 role for government here as well to set safety
16 standards to push for transparency and accountability,
17 particularly from platforms, but -- and also to call
18 attention to these challenges which is what my office
19 is doing. There are steps we are working now that we
20 will be -- you know, have more to say about it in the
21 coming -- coming weeks and months ahead to try to, in
22 fact, gather even more information about the impact of
23 health misinformation on health professionals of the
24 public and also in the role that technology companies
25 may be playing on that on that front, but I'll say
that there's a lot to do. It is our health and
well-being that is at stake here.

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1 (41:20-44:50) -

2 [https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t](https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0YklFWl9c85_OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ$)
3 [=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0YklFWl9c85_](https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0YklFWl9c85_OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ$)
4 [OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ\\$](https://urldefense.com/v3/__https://www.youtube.com/watch?v=HLIAmVtZXoA&t=3747s__;!!NtP9J7iH11vXGg!NvSY0QxIiizgZ1qyX8X6Qc0YklFWl9c85_OF0a5Vb6O4S7iIJ8O3f40QZq842zGorkp0q03ByuxHABj1eHmjWP9ksQE4yQ$)
5 (Feb. 2022).

6 VIVEK MURTHY: If we want to see change,
7 that change isn't going to come from a single
8 institution from government alone. It's going to come
9 from people and communities across the country and
10 around the world using the power of their voice and
11 the power of their choice as to what platforms they
12 use and what technology they engage with to ultimately
13 push companies to be more transparent, more
14 accountable, and fundamentally more responsible. You
15 know, I don't think that the platforms created
16 themselves or -- or sort of spread around the world
17 with the express intention of trying to facilitate
18 misinformation spread, but we're seeing that the
19 platforms despite the best of intentions are
20 facilitating that, you know, because not only they
21 provide the easy way for people to share information,
22 but in some cases their own algorithms, their own
23 tools that they have built help to increase a focus on
24 information that is -- that driving, you know, an
25 extreme response and that can often be founded in --

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1 sort of in falsehoods and inaccurate information. And
2 I think -- you know, I think about, you know, Bruce, I
3 think about my three -- my 4-year-old daughter who
4 just turned 4 and my 5-year-old son, and the basic
5 lessons we try to teach them as parents, you know.
6 We're not perfect parents by any means, but one simple
7 thing we try to teach them is to take responsibility
8 for your actions. Even if your intentions are good,
9 take responsibility for your actions, and I would just
10 ask that -- I would submit this is what we need the
11 platforms to do is, we can't, I think, tolerate an
12 environment anymore where platforms are saying, no,
13 we're trying our best, even though it's not good
14 enough. That's -- that's not good enough for society.
15 We're seeing the harms that are being visited upon us
16 in terms of not just COVID information, and you know,
17 illness and death, but in a whole range of other
18 circumstances, and the question I think as -- as
19 citizens, global citizens, we have is, are we willing
20 to tolerate that? Do we think that's acceptable for a
21 member of society, an institution in society to behave
22 in that way, and in my mind, the answer is no, but
23 it's when we use our voices collectively to demand
24 change. That is when change happens, and it can't
25 come soon enough.

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1 BRUCE: Well, thanks again. Again,
2 everyone in the -- an issue on these panels has
3 highlighted why we're here is to talk about these
4 solutions and that was, really, I think, even on that
5 one or especially on that one, the amplified voice is
6 part of that solution, so we're going to turn -- we've
7 got lots from the audience. We're going to turn to
8 what their thoughts are after having listened to what
9 we've been saying.

10 From the United States, a question about
11 public health. Maybe Vivek, I'll start with you on
12 this one, about how do we better support public health
13 officials at the local level? In that recent
14 experience shows that with electronic stampeders can
15 overrun smaller governments with harmful
16 disinformation. What does that mean for the local
17 public health and its future and what the people on
18 the front lines can do?

19 VIVEK MURTHY: Well, Bruce, I'm very
20 worried about this because we've seen during COVID-19
21 that the -- the amount of abuse and attacks that
22 public health officials have taken, especially local
23 public health officials been even at the state and
24 federal level has been really profound, and we've seen
25 so much public leaders drop out at a time where we

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1 need -- drop out of the workforce, if you will, at a
2 time where we actually need more people in -- in
3 public health, so it's deeply concerning, and I think
4 we need to get help to those public health first
5 responders, if you will. I think we can do so in a
6 few ways. Number one, we certainly have been asking
7 the technology platforms to promote accurate
8 information from credible public health sources and to
9 look to reduce the spread of the misinformation. That
10 makes a job of not just public health leaders but
11 nurses and doctors easier.

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1 (1:00:53-1:01:36) -
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4
5 (Feb. 2022).

6 VIVEK MURTHY: -- is to give context and
7 I've seen unfortunately what happens sometimes is in
8 an effort to be fair, if you will, journalists may put
9 up multiple points of view including views that are
10 inaccurate, and it seems to the viewer that these are
11 all legitimate points of view that they should
12 consider. Now, any point of view is legitimately the
13 same point of everyone. Any -- any human being has a
14 right to the view that they have, but when you don't
15 frame it and give enough context, then it makes people
16 think that these are all equally valid from a -- an
17 evidence perspective. This isn't always so. We can't
18 have both sides -- you know, these issues, you know,
19 when we recognize that some points of view or
20 assertions are not based on evidence and can be
21 harmful.

22 (Audio ended.)
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AUDIO TRANSCRIPTION

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1 CERTIFICATE OF REPORTER

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I, Melissa J. Lane, Certified Court Reporter of Missouri, Certified Shorthand Reporter of Illinois and Registered Professional Reporter, do hereby certify that I was asked to prepare a transcript of proceedings had in the above-mentioned case, which proceedings were held with no court reporter present utilizing an open microphone system of preserving the record.

I further certify that the foregoing pages constitute a true and accurate reproduction of the proceedings as transcribed by me to the best of my ability and may include inaudible sections of misidentified speakers of said open microphone recording.

Melissa J. Lane



Melissa J. Lane, CCR, CSR, RPR